

Using CAHPS® Surveys to Improve Patient Care Experiences in Medical Practices

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Presentation Overview



- **Review recent efforts to improve patient care experiences in medical practices:**
 - Collaborative approach in MN
 - Senior leadership initiated approach in MA
- **Thoughts on what it takes to achieve and sustain improvements**

The ICSI Action Group

- **Collaborative quality improvement project between:**
 - ICSI (Institute for Clinical Systems Improvement)
 - 8 medical groups in Minnesota
 - Harvard Medical School CAHPS Team
- **Objectives:**
 - Develop test version of Clinician/Group CAHPS for quality improvement
 - Implement test survey to identify priorities for improvement
 - Implement process improvements
 - Assess and monitor impact

Participating Medical Groups



- **CentraCare**
- **HealthPartners**
- **Mayo Clinic**
- **Northwest Family Physicians**
- **Olmsted Medical Center**
- **Quello Clinic**
- **Stillwater Medical Group**
- **St. Paul Heart Clinic**

ICSI Action Group Components



- **Modify CAHPS survey to support QI (Jul-Aug 03)**
- **Conduct “baseline” survey (Sept-Oct 03)**
- **Identify and implement process improvements through a collaborative process (Nov 03-Aug 04)**
 - Bimonthly in-person meetings with expert faculty
 - Bimonthly conference calls
 - “Ongoing survey” process targeted to specific topics
 - Use of *CAHPS Improvement Guide*
- **Conduct “post” survey (Sept-Oct 04)**
- **Evaluate and document project results**

Survey Topic Areas and Features



■ Topics:

- Access: Getting needed care
- Communication and interpersonal care
- Integration of care
- Office functioning: Scheduling and visit flow
- Preventive care
- Overall rating and willingness to recommend

■ Features:

- Refer to “your personal doctor” by name
- Combination of visit-specific and “past X months” questions
- Open-ended question

Ongoing Data Collection and Reporting

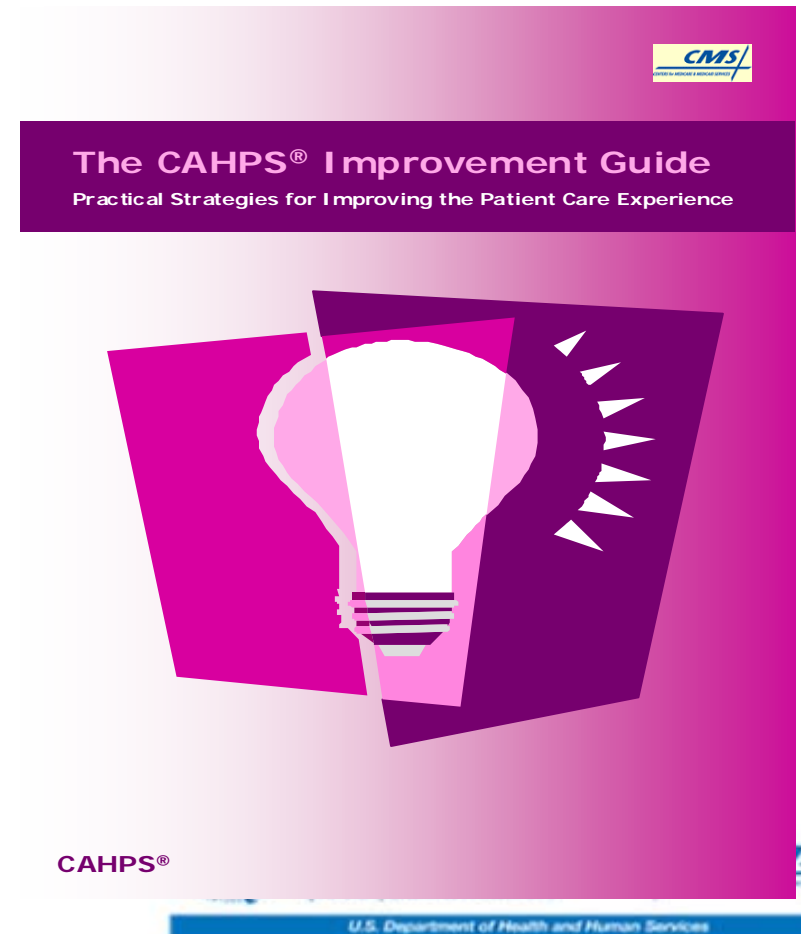


- ICSI contract with QDM for data collection and on-line reporting of results
- Baseline and one-year follow-up: n=55/group
- Monthly monitoring samples: n=25/group
- Outbound data collection via telephone
 - Interactive voice response (IVR)
 - Operator-assisted interview option
- Web-based reporting via Quality Desktop

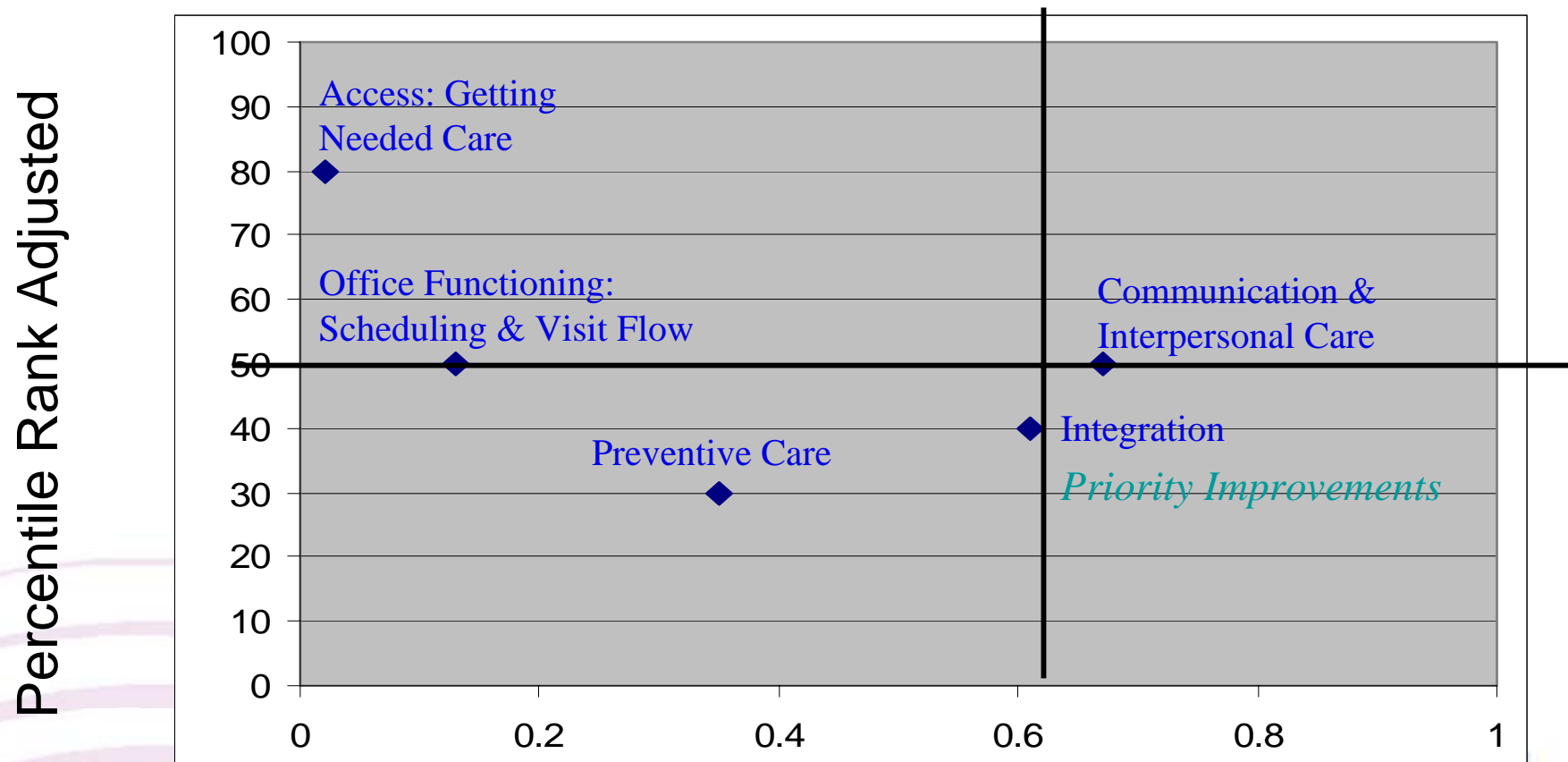
The CAHPS® Improvement Guide



- A resource manual for health plans and medical groups seeking to improve their CAHPS® scores
- Funded by CMS (Medicare) and developed by Harvard Medical School CAHPS® Team
- Over 2 dozen strategies mapped to CAHPS® core questions



Stillwater Medical Group (SMG) Baseline Survey Results (n=164)



SMG Intervention Results



- **Priority aim:**
 - Improve doctor communication scores
- **Intervention:**
 - 3-day doctor training course facilitated by American Academy on Physician and Patient (AAPP)
 - 56 of 58 doctors attended in May 04
- **Results:**
 - Notable short-term improvement in question scores related to doctor communication
 - Mixed results in question scores over the longer term
 - Overall increase in medical staff support for “relationship-centered” care and need for improvement

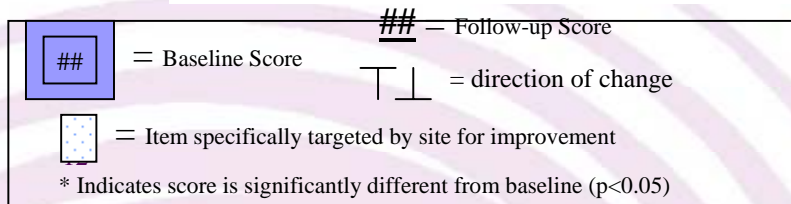
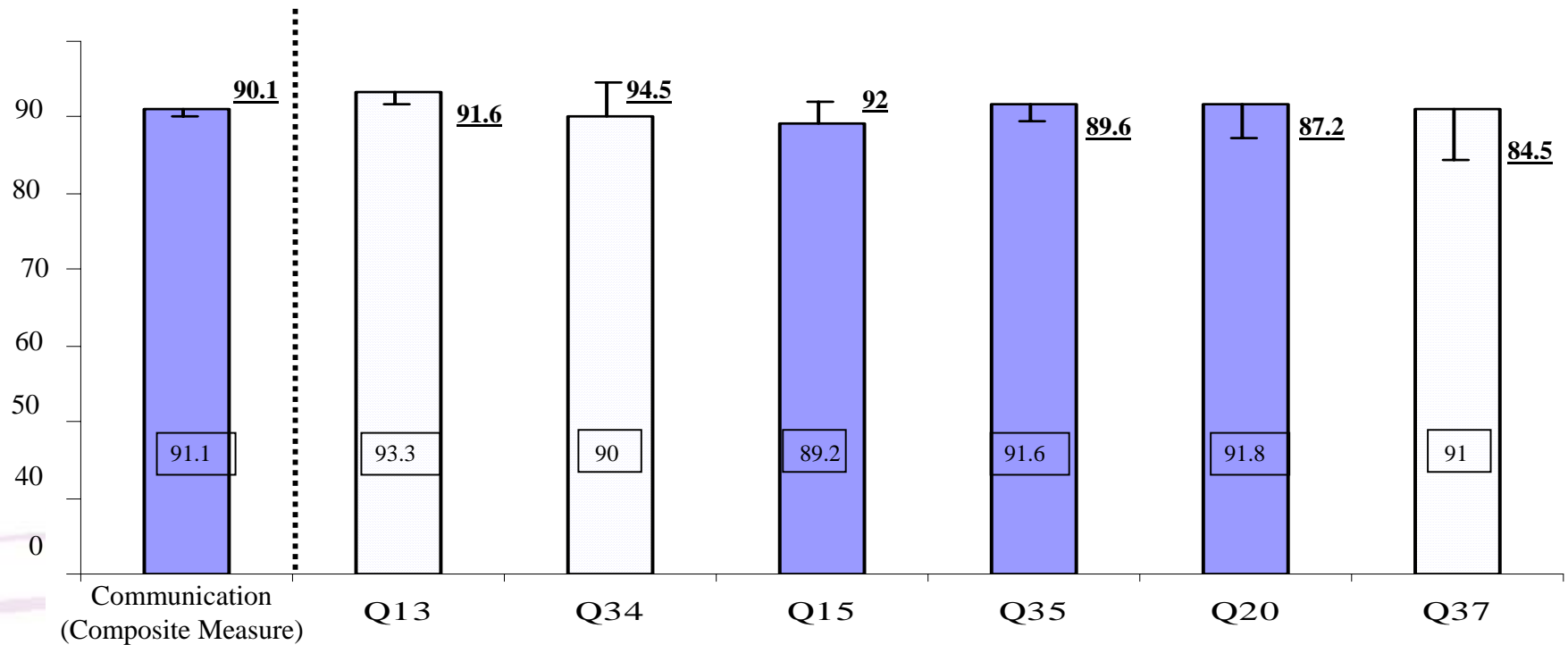
SMG Short vs. Longer-Term Change in Scores

Q37: During your most recent visit, did the doctor spend enough time with you?

Improvement goal: >95% “yes, definitely”

| Response | Baseline (July-Nov 2003) | Post training (July 2003) | Follow-up (July-Sept 2004) |
|--------------------|-----------------------------|------------------------------|-------------------------------|
| No, definitely not | 5% | 0% | 11% |
| Yes, somewhat | 7% | 4% | 8% |
| Yes, definitely | 88% | 96% | 81% |

Stillwater Medical Group Communication & Interpersonal Care Changes from Baseline to Follow-Up



Northwest Family Physicians (NWFP) Intervention Results



■ Priority aim:

- Improve integration and coordination of care

■ Intervention:

- Changed system for maintaining patient charts, to insure notes from previous visit and any urgent care visits are included in chart for next visit

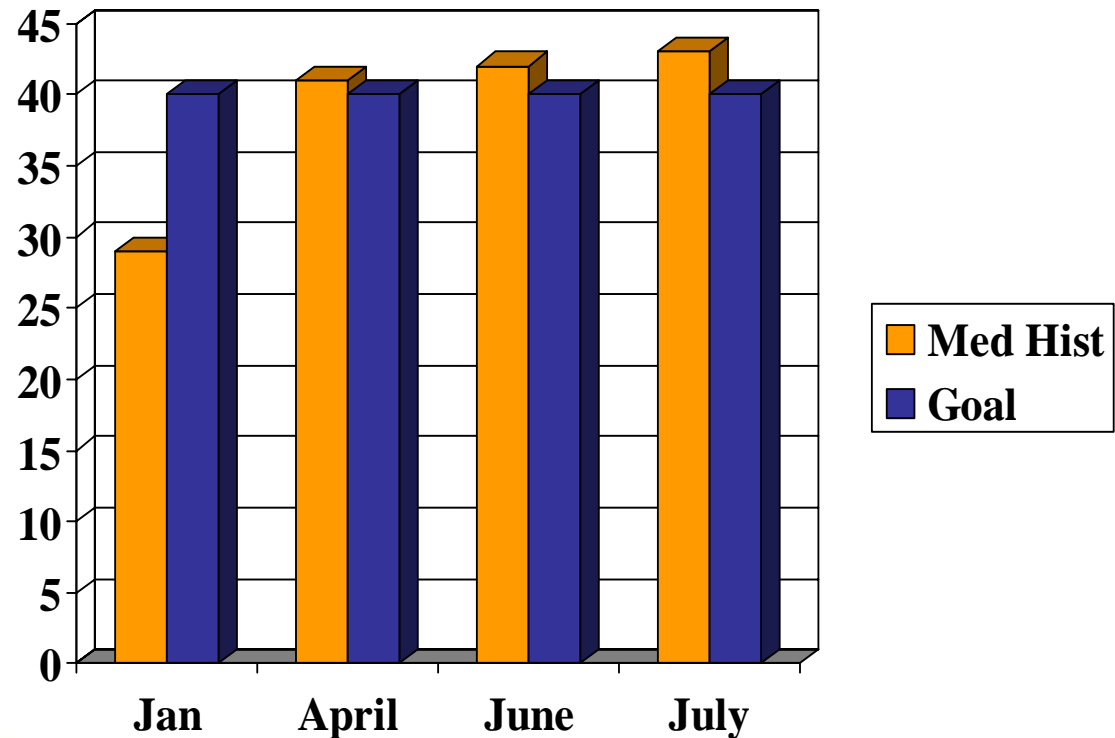
■ Results:

- Consistent short and long term improvement in question scores

NWFP Change in Survey Scores

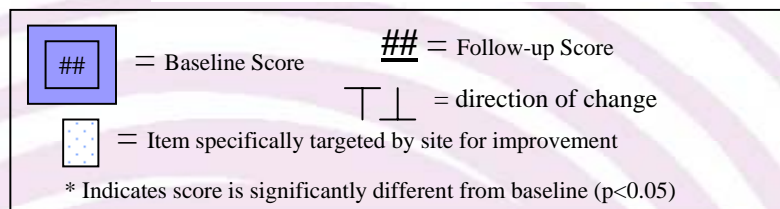
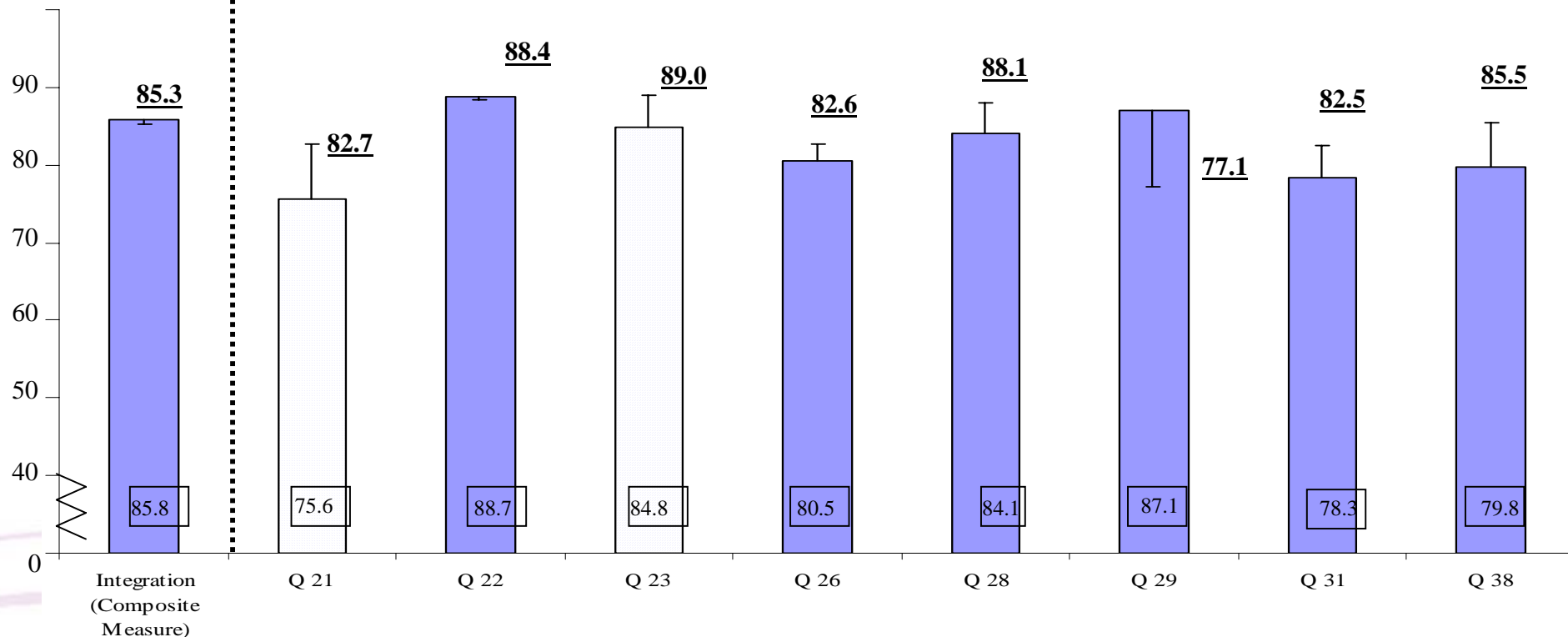
Q21: How would you rate your personal doctor's knowledge of your medical history?

**Improvement goal:
40% "excellent"**



NWFP Integration Changes from Baseline through Follow-up

100



Challenges of Sustaining Improvements



“My trouble is that the energy for this action group died a quiet death. There really isn't anything to report. The administrator never really came on board and without his support the rest of the team lost enthusiasm.”

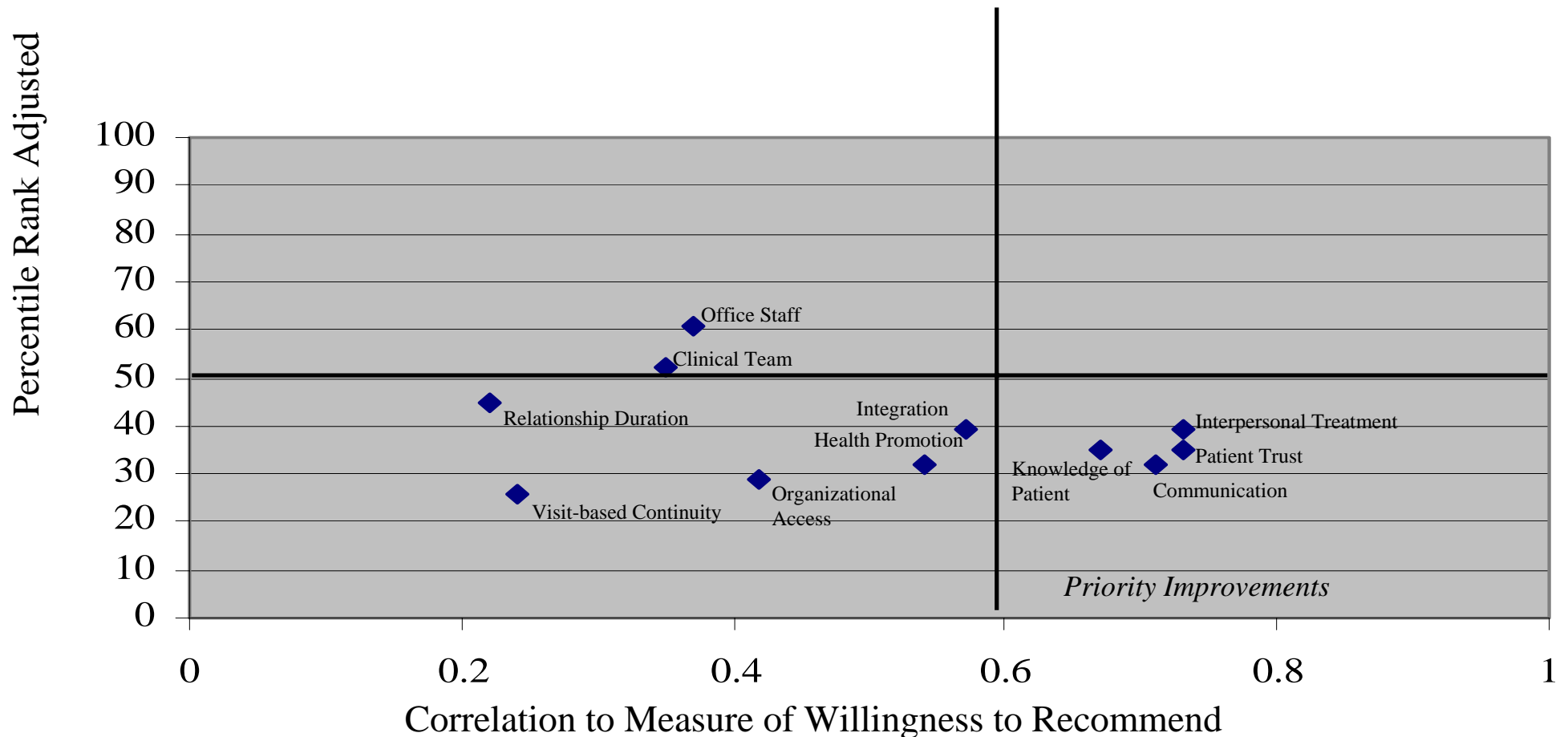
--Participant in ICSI PCE Collaborative

MA Practice Improvement Initiative



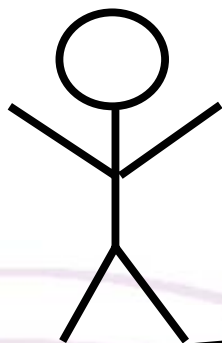
- **Senior leadership-initiated improvement**
 - Key motivator: Statewide survey results (2002)
 - New business model
- **Intervention: Multi-site primary care practice (n=14)**
 - Practicewide “messaging” and increased continuity (Beginning 2003)
 - Ongoing data collection (Beginning January 2004)
 - Quarterly reporting (Beginning July 2004)
 - Pilot practices (n=5): Improvement team in residence (January-June 2004)
- **Control Group: Affiliated practices (n=5)**
 - Identical data collection and reporting
 - No focused intervention

What Drives Patients' Willingness To Recommend And How Are We Doing: 2002

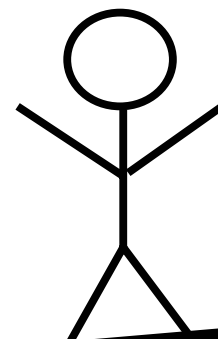


Achieving High Interpersonal Quality

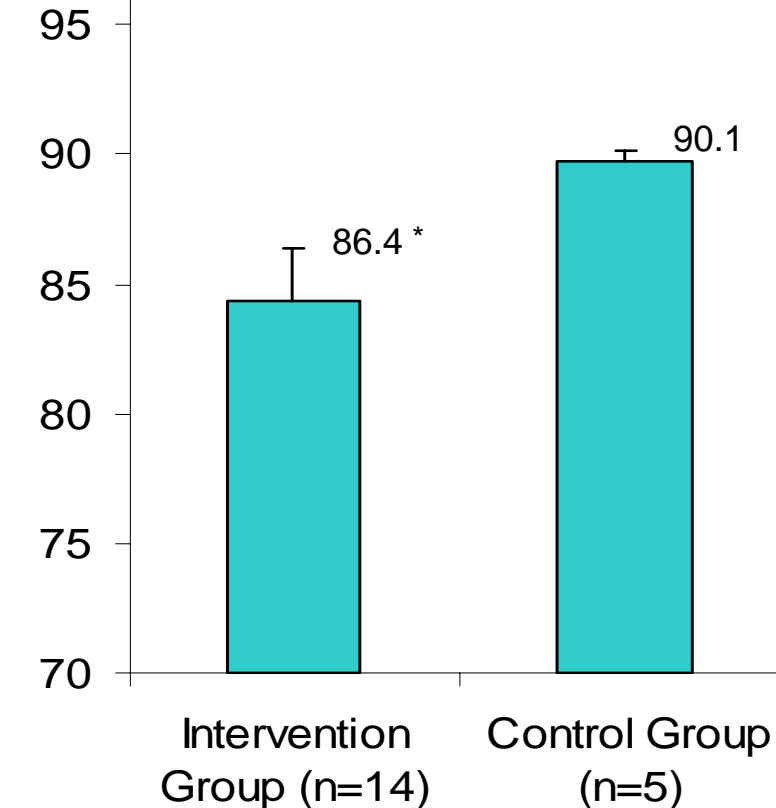
“Visible” team care



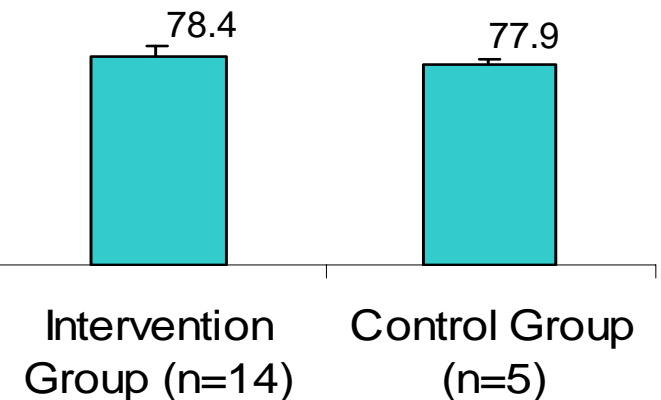
Continuity



Visit-based Continuity: Changes From Baseline thru Initial Follow-up



Clinical Team: Changes From Baseline thru Initial Follow-up



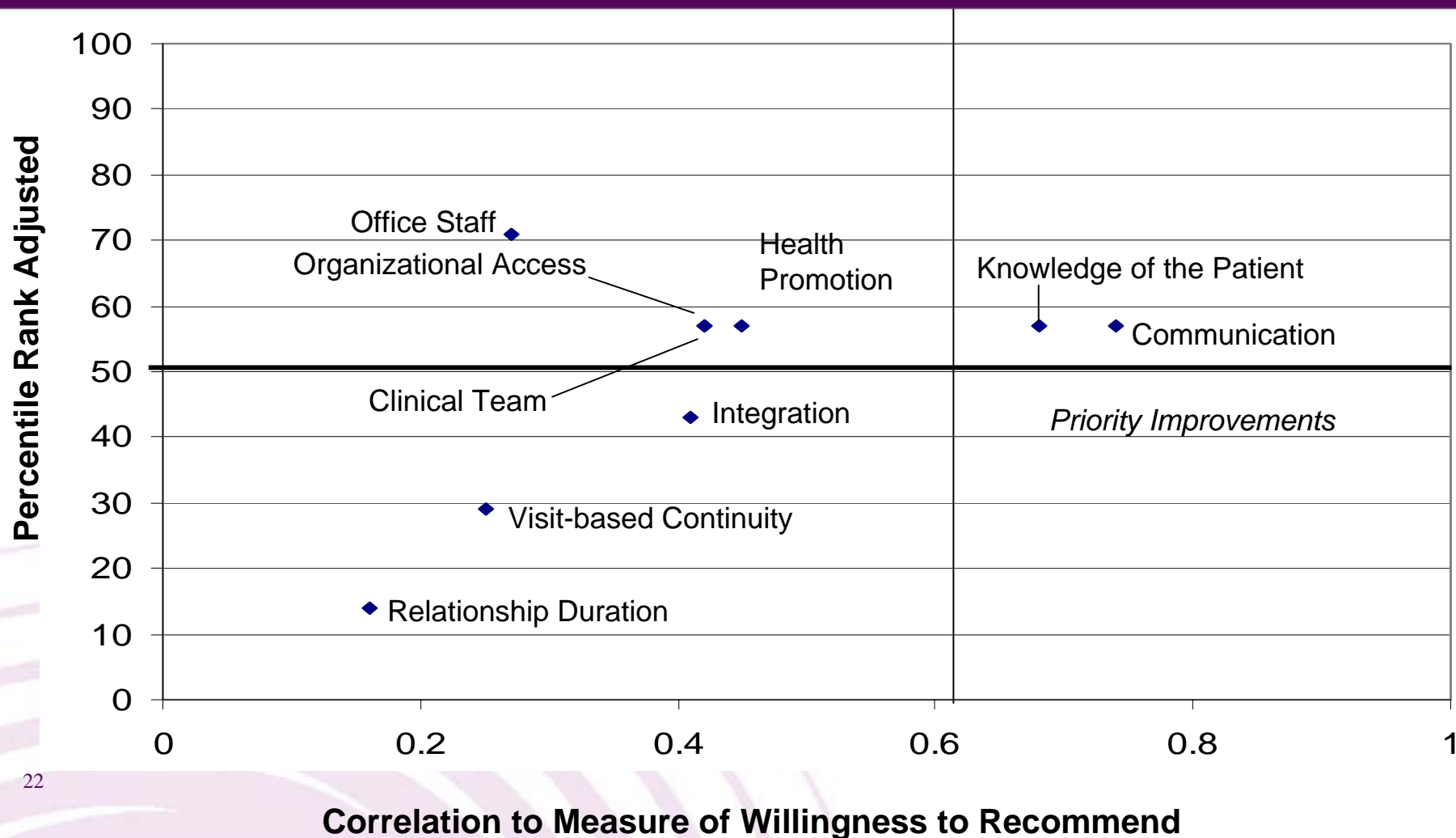
* Indicates score is significantly different from baseline ($p \leq .05$)

Quality of Clinician-Patient Interactions



- **“Intervention Group” (14 practice sites)**
 - Significant improvement on all indicators of clinician-patient interaction quality
 - Communication quality
 - Knowledge of patient
 - Integration of care
 - Health promotion
 - Gains were not equal across all 14 practice sites
 - “Pilot” and “wave-2” sites achieved similar levels of improvement
 - Wave-3 sites: no significant improvement
- **“Control Group” (5 practices): No significant change on any measure**

Updated View of the Practice: April-June 2004



Factors That May Have Contributed to Results



- **Leadership is committed and engaged**
- **Strategic goals are aimed at organizational transformation**
- **Internal communication and action are aligned with strategic goals**
- **Motivation through external rewards and incentives**

Other Factors That May Contribute to Measurable and Sustained Improvement



- Patients and families are involved in redesign and improvement
- Work environment for clinicians and staff maximize quality of work life